



# CITY OF CARROLLTON

## OCCUPATIONAL TAX CERTIFICATE APPLICATION

### CHECKLIST & PROCEDURES

Business Name: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

☐ **COMMERCIAL BUSINESS**

☐ **HOME BUSINESS**

Date Stamped (Rec'd)

License Number

City Stamp/Paid

All forms must be filled out completely, including mailing address, business address and all available phone/fax/email information. Gross receipts are utilized to calculate the annual taxes due to the City. Initially, gross receipts can be estimated. For renewals, gross receipts must be substantiated by a copy of the prior year's business tax return.

Purchase of existing business: If you have purchased an existing business, the prior business owner must close out their business and pay all associated taxes in full prior to the issuance of the new owner's Occupational Tax Certificate. No exceptions!

**\*\* An Occupational Tax Certificate must be obtained before a Business can be opened \*\***

**Please note that it may take 7 – 10 Business days for your Occupational Tax Certificate to be issued**

We thank you for your consideration of our City for your business endeavors. Best of luck in the future!

**The Following must be checked off and included with the completed, signed application:**

- ☐ Completed Application including Business Contacts Listing & Ordinance Agreement
- ☐ Home Occupation & Tax Certificate ( *if you are a home business* )
- ☐ Copy of each owner's drivers license, SS or Green Card
- ☐ Copy of signed lease, buyer's agreement or closing statement for business location
- ☐ Notarized – Affidavit Verifying Status for each Owner of the business
- ☐ Notarized – Private Employer Affidavit
- ☐ FEIN (1-800-829-4933)
- ☐ Sales Tax ID # *if applicable* (1-877-423-6711)
- ☐ Payment (check, credit card, cash)

**Copies of the following must be checked off and provided for the certificate to be issued:**

- ☐ State License (if required by the State of Georgia)
- ☐ Articles of Incorporation Letter (required for corporations, closed corporations or LLC's)
- ☐ Health Inspection Certificate (770-836-6781)
- ☐ Department of Agriculture Inspection (404-656-3645)

For additional information concerning Occupational Taxes  
Please feel free to contact **Tina Laney**, Occupation Tax Coordinator  
Phone: 770-830-2000 Email: [tlaney@carrollton-ga.gov](mailto:tlaney@carrollton-ga.gov)

# OCCUPATIONAL TAX RETURN APPLICATION

City of Carrollton, Occupational Tax Dept.

315 Bradley Street  
Carrollton, GA 30117

New Business Start Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

DBA: \_\_\_\_\_

Business Type: ☐ Retail ☐ Financial ☐ Annual (Services) ☐ Insurance

Description of Business Activities \_\_\_\_\_

Business Location, Street Address and Zip (P.O. BOX'S ARE NOT ALLOWED) \_\_\_\_\_

Mailing Address (If other than Business Address) \_\_\_\_\_

Disabled Veteran or Not-for-Profit? ☐ Yes ☐ No

Federal Tax ID #: \_\_\_\_\_ Email: \_\_\_\_\_

Sales Tax ID # \_\_\_\_\_ Business Number(s): \_\_\_\_\_

Estimated Gross Receipts or Flat Rate: \_\_\_\_\_ ( In addition there is a \$15 Admin. Fee )

Business Type: ☐ Partnership ☐ Sole Owner

Corporation: ☐ GA ☐ LLC ☐ OTHER

Corporate Name and Address, City, State, Zip Code: \_\_\_\_\_

## Required for each owner - If more than two owners, see page 4

☐ Copy of Drivers License, Social Security Card or Green Card

☐ Affidavit verifying Status

Owner Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Is Business carried on at locations other than the one listed above? ☐ Yes ☐ No \* If yes, list all locations

## **BUSINESS LOCATION PROFILE**

When opening a new business or taking over an established business, clearance from the Building Official must be obtained (Example: code compliance, ADA accessibility, codes efficiency, etc...)

All new businesses will be inspected by the Building Official prior to issuance of Occupational Tax Certificate

☐ **NEW BUSINESS**

☐ **NEW LOCATION**

☐ **NEW OWNER**

**Is this a Home-Based Business?**

☐ No

☐ Yes

**Is this business occupying a:**

☐ New Building

☐ Existing Building

**Prior business activity at this location (if applicable):** \_\_\_\_\_

**Square footage of building or office space** \_\_\_\_\_

**Will construction or renovation be required?** ☐ Yes ☐ No If yes, please describe

**Do you** ☐ own ☐ lease **this building/space?**

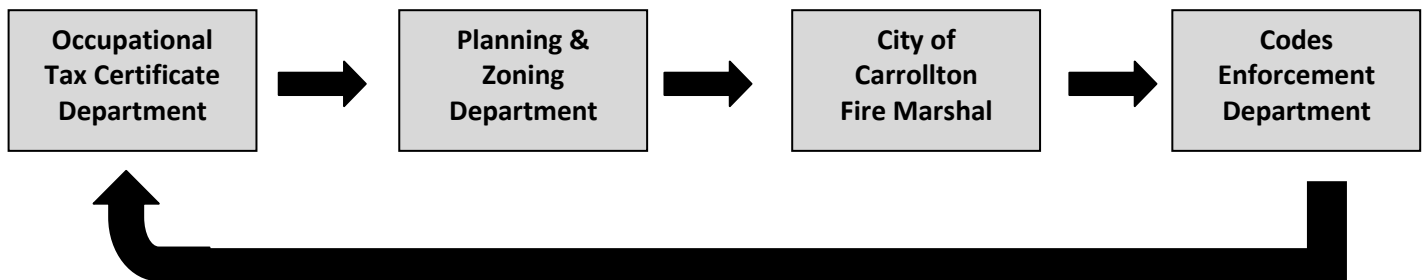
**Please describe the type of business operation you are applying for (ex: plumber, retail store)**

**Owners Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Describe the method you will use to conduct your business operation (ex: By appointment, Internet)**

## **APPLICATION FLOW CHART**



**DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY**

### **PLANNING & ZONING**

☐ Approved ☐ Denied

Zone \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By: \_\_\_\_\_

### **FIRE MARSHAL**

Date \_\_\_\_\_

Occupancy \_\_\_\_\_

Reviewed By: \_\_\_\_\_

### **BUILDING INSPECTOR**

Date \_\_\_\_\_

Reviewed By: \_\_\_\_\_

# **BUSINESS CONTACTS LISTING**

## **CORPORATION / LIMITED LIABILITY COMPANY (IF APPLICABLE)**

Corporation / LLC Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ President CEO \_\_\_\_\_

President's Home Address \_\_\_\_\_

President's Phone \_\_\_\_\_ President's Email \_\_\_\_\_

Date of Incorporation/LLC \_\_\_\_\_ State of Incorporation/LLC \_\_\_\_\_

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## **PARTNERSHIP (IF APPLICABLE)**

Partner's Name \_\_\_\_\_ Partner's Phone \_\_\_\_\_

Partner's Address \_\_\_\_\_

Partner's Email \_\_\_\_\_

Partner's Name \_\_\_\_\_ Partner's Phone \_\_\_\_\_

Partner's Address \_\_\_\_\_

Partner's Email \_\_\_\_\_

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## **ADDITIONAL OWNERS OR CONTACTS**

Owner Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

# **ORDINANCE AGREEMENT**

**For Both Commercial & Home Licenses**

I, (NAME) \_\_\_\_\_ BEARING THE TITLE OF \_\_\_\_\_  
OF THE BUSINESS FIRM NAMED, DO HERBY REGISTER TO OPERATE SAID BUSINESS WITH DOMINANT BUSINESS  
ACTIVITY OF (EXPLAIN TYPE OF BUSINESS) \_\_\_\_\_

IN ACCORDANCE WITH THE BUSINESS ORDINANCE, CITY OF CARROLLTON, GEORGIA, I, THE UNDERSIGNED,  
CERTIFY THAT I AM THE PERSON DULY AUTHORIZED BY THE BUSINESS HEREIN NAMED TO FILE THIS RETURN,  
INCLUDING THE ACCOMPANYING SCHEDULES AND STATEMENTS, AND THAT THE SAME ARE TRUE.

IN SIGNING THIS I AM STATING THAT I HAVE RECEIVED A COPY OF THE CITY OF CARROLLTON CODE OF  
ORDINANCE CHAPTER 22 BUSINESS SECTION AND WILL ADHERE TO THE STANDARDS STATED IN THIS SECTION.

OWNER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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## **HOME OCCUPATION & TAX CERTIFICATE AFFIDAVIT**

**Home License Only**

APPLICANT \_\_\_\_\_

ADDRESS \_\_\_\_\_

Home occupation shall be limited in such a way as to not generate excess traffic at its location and shall not have in excess  
of, In the aggregate, ten (10) clients or customers at Its location in any twenty-four hour period.

The total floor space devoted to the home occupation shall not exceed twenty-five percent (25%) of the heated dwelling  
space of the home.

\_\_\_\_\_ sq ft of business area \_\_\_\_\_ sq ft of heated floor area

The following requirements shall apply in addition to all other applicable requirements of this Ordinance for the residential  
district in which such uses are located:

- A. No outside storage shall be used in connection with the home occupation
- B. Sufficient off-street parking shall be provided for those residing in the home and for clients and customers of the  
permitted home occupation.
- C. No internal or external alterations inconsistent with the residential use of the building may be permitted.
- D. Only vehicles used primarily as passenger vehicles shall be permitted in connection with the conduct of the home  
occupation.
- E. No machinery that cause noise or other interference in radio and/or television reception shall be allowed.
- F. No chemical, electrical, or mechanical equipment that is not normally a part of domestic or household equipment  
shall be used in a permitted home occupation.
- G. No external signs may be displayed advertising the product or service available.
- H. No person other than a resident of the dwelling may be employed in the home occupation.

I hereby certify that I have read the above conditions, and agree to comply with each requirement, as well as all applicable  
Codes and Ordinances of the City of Carrollton, as long as the business is conducted at this location.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Issued By

\_\_\_\_\_  
Date

## **ADDITIONAL LICENSE INFORMATION**

Prior to opening a business, it will be necessary to contact the Water Department at 770-830-2000 to establish water and garbage account

If you are opening a **Restaurant**, a 1,000 gallon in ground grease trap is required. Owners must maintain proof via invoices or bills that required maintenance was performed to continue having a valid Occupational Tax Certificate. Also, proof of cleaning and/or repair of the grease trap or grease interceptor unit will be needed, as required by City Ordinance.

If you are opening a **Car Wash**, a grit trap and oil separator will need to be installed; such trap shall be clean and in working order. Forms to this effect must be presented before an Occupational Tax Certificate License will be issued.

If you are opening a **Pawn Shop**, you will need to contact the Carrollton Police Department for information prior to applying for your City of Carrollton Occupational Tax License.  
Please contact Officer Glen Lyle at 770-834-4451.

A State License and a County License must be obtained before animals can be sold in a business, such as a pet shop.

Other guidelines and/or requirements may also apply. Please inquire further with the City Occupational Tax Licensing Department.

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### **The following Professions must provide a current state license prior to being issued an Occupational Tax Certificate**

Accountants	Nursing Home Administrators
Architects	Occupational Therapists
Athletic Agents or Trainers	Optometrists
Auctioneers	Paramedics
Barbers	Pet Shop and/or Pet Care
Cardiac Technicians	Pharmacists
Chiropractors	Physical Therapists
Conditioned Air Contractors	Physicians
Construction Industry	Physicians Assistants
Cosmetologists & Nail Technicians	Plumbing Contractors
Dentists	Podiatrists
Dieticians	Private Detectives
Dispensing Opticians	Professional Counselors
Electrical Contractors	Psychologists
Engineers	Registered Nurses
Foresters	Respiratory Care Therapists
Funeral Directors & Embalmers	Residential/General Contractors
Geologists	Security Guards
Hearing Aid Dealers	Social Workers
Landscape Architects	Speech Language Pathology & Audiology
Librarians	Surveyors
Licensed Practical Nurses	Used Car & Used Car Parts Dealers
Low Voltage Contractors	Utility Contractors
Marriage & Family Therapists	Veterinarians
Massage Therapists	Water & Wastewater Treatment